PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or $\underline{\underline{\mathsf{D}}}$ ocket Number

1075-1831

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN											
			(Column 1)		(Column 2)		TY	TYPE		OR	SMALL	ENTITY										
TOTAL CLAIMS			0					RATE	FEE		RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA		BA	ASIC FEE	385.00	OR	BASIC FEE	770.00										
TOTAL CHARGEABLE CLAIMS			minus 20=		* /			XS 9=		OR	X\$18=											
INDEPENDENT CLAIMS			/ minus 3 =		* /			X43=		OR	X86=											
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=											
* If the difference in column 1 is less than zero,					o, enter "0" in column 2			OTAL		OR	TOTAL	770										
CLAIMS AS AMENDED - PART II							6		NTITY		OTHER SMALL											
		(Column 1) CLAIMS		(Colur HIGH		(Column 3)		MALL E		OR	SWALL											
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=	;	XS 9=		OR	X\$18=											
	Independent	*	Minus	***		=		X43=		OR	X86=	;										
L	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDENT	CLAIM			145=		OR	+290=											
TOTAL										OR	TOTAL ADDIT. FEE											
		ΑU	DIT. FEE			ADDII. FEE																
		(Column 1) CLAIMS		(Colur		(Column 3)		- 1	ADDI-			ADDI-										
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***		=		X43=		OR	X86=											
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDEN	CLAIM			+145=		OR	+290=											
TOTAL										OR	TOTAL ADDIT. FEE											
											ADDII. FEE											
		(Column 1)	1	(Colui		(Column 3)	ı —			1		455										
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=	:	X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***	- 01 111	=		X43=		OR	X86=											
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=									OR	+290=											
		mn 1 is less than th					ᅠᄂ	TOTAL			TOTAL											
***	If the "Highest Nu	mber Previously P	aid For IN TH	IS SPACE	is less tha	ın 3, enter "3."	,		oropriate bo		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											